DOCUMENT RESUME

ED 460 542 EC 306 918

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TITLE	Adolescents and Providers' Perspectives on the Need and Use of Mental Health Services.
SPONS AGENCY	National Inst. of Mental Health (DHHS), Rockville, MD.
PUB DATE	1996-02-00
NOTE	7p.; In: A System of Care for Children's Mental Health: Expanding the Research Base. Proceedings of the Annual Research Conference (9th, Tampa, FL, February 26-28, 1996); see EC 306 844. Table is not available from ERIC.
CONTRACT	5R24MH50827
AVAILABLE FROM	For full text: http://rtckids.fmhi.usf.edu/Proceed9th/9thprocindex.htm.
PUB TYPE	Reports - Research (143) -- Speeches/Meeting Papers (150)
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	Adolescents; Agency Role; *Behavior Disorders; Child Welfare; Disability Identification; *Emotional Disturbances; Health Programs; Intermediate Grades; Juvenile Justice; Mental Disorders; *Mental Health Programs; *Referral; *School Role; Secondary Education; Social Services; Surveys

ABSTRACT

This paper discusses the results of a study that examined the mental health needs of 796 adolescents who interacted with four types of service sectors that typically function as gateways to mental health services (education, child welfare, juvenile justice, and primary health). Prevalence estimates collected from the youth themselves were compared to counts of clients kept by the gateway providers and comments made in focus groups by these providers regarding their understanding of mental health service issues. Interviews with the youth indicated that significant numbers of youth at each of the four sectors had mental health problems. However, only a limited percentage of those youth with mental health problems received services from their gateway sector. This percentage varied widely by sector, with the juvenile justice, education, and child welfare sectors providing services to a much higher percentage of youth than the health sector. The education sector had a very large discrepancy between the youth's interview data and the providers' tally data, although many of the youth with mental health problems felt they were receiving help. (CR)

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The 9th Annual Research Conference Proceedings, A System of Care for Children's Mental Health: Expanding the Research Base (February 26 - 28, 1996).

ED 460 842

Adolescents and Providers' Perspectives on the Need and Use of Mental Health Services

Authors

Introduction Method Results Conclusions References

Introduction

The purpose of this study was to examine the need for and use of mental health services from both adolescents' and service providers' perspectives. This study examined the mental health needs of adolescents who interact with four types of service sectors that typically function as gateways to mental health services (i.e., education, child welfare, juvenile justice, and primary health). We compared prevalence estimates collected from the youths themselves to counts of clients kept by the gateway providers and comments made in focus groups by these providers regarding their understanding of mental health service issues. By comparing these three sets of data, we obtained a unique picture of the relationship between the services offered to youths, the youths' need for services, and the understanding of that need by the providers.

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Method

The Youth Services Project, funded by the National Institute of Mental Health, examined adolescents' mental health needs and their use of mental health services. The Youth Services Project (a) interviewed youths (N = 796) from St. Louis city juvenile justice, education, primary health care, and child welfare sectors (approximately 200 youth per sector); (b) gathered anonymous counts of the mental health clients from each sector; and (c) conducted focus groups with providers from each sector. All four gateway service sectors were in a position to screen youths for mental health problems and to either provide some mental health services or refer to services elsewhere.

Data Sample

We recruited subjects with the aid of service providers, by having interviewers approach youths in the service sector waiting rooms, and by letters and posters requesting volunteers from each sector's service users. The interview participants were all between 14 and 17 years of age, with a mean age of 15.3 years. Thirteen percent were white, 86 % Black, and 1 % of other ethnic background. Forty-three percent were male, and 57 % female. The occupation of the parent who provided the most financial support to the family in the last 6 months determined the youth's socioeconomic status. Accordingly, 15% were welfare recipients, 3 % laborers or semiskilled workers, 23 % blue collar, 14 % white collar, and 39% professional.

Data Sources

The first source of data came from highly structured interview protocols which yielded information concerning: (a) demographics; (b) social and academic behaviors; (c) mental health; (d) service use; and (e) family, social, and community environments. Measures of mental health problems came from the Diagnostic Interview Schedule for Children-Revised (DISC-R: Schaffer, Schwab-Stone, Fisher, Cohen et al., 1993).

The second source of data was derived from service sector tallies of those adolescents were sector clients during the same period in which we recruited and interviewed our service sample. These were anonymous counts collected by the service providers, detailing the demographics of adolescent health service users and their mental health problems. For a one month period during the six month interview field work, service providers at each sector (except primary health) completed an anonymous tally sheet indicating the age, gender, race, and type of mental health problem of each consecutive youthful client. The health care sector already had such information as part of their billing records, they provided to us for that one month period. Pre-printed tally sheets were distributed to sector providers in order to maximize the ease and accuracy of tally-keeping by the service providers.

by the service providers.

The third and final source of data came from focus groups held with service providers from each sector. Their professions varied in accord with the sector: medical doctors and nurses from the Health Sector, social workers from Child Welfare, deputy juvenile officers from Juvenile Justice, and counselors and social workers from Education.

Results

Youths' Need for Services

The percentages of youths meeting criteria for a diagnosis of depression ranged from 8% to 17% depending on the sector providing services; for conduct disorder, the range was 8% to 30% ; and finally, for substance dependence/abuse, the range was 5% to 27%. The range for suicidality was 7% to 17%.

Services for Mental Health Problems

Our interviews indicated that, in general, half of the youths with mental health problems reported being helped by the gateway sector where we recruited them (see Table 1). However, the rates varied by sectors. The health sector interviewees reported the lowest service rate among all sectors, with less than one fifth of youths with problems receiving services. In the child welfare sector, the percentages of youths who had problems and who received help ranged from 54% to 64% depending on the mental health problem. In the education sector, the percentages of interviewees reporting services ranged from 50 to 80%. The highest percentages of mental health services were reported by interviewees from the juvenile justice sector, with a range from 80 to 95%.

Comparison of Interviews and Anonymous Counts

Table 1 allows the reader to compare percentages for the following: (a) the percent of interviewees identified as meeting criteria for diagnoses of a mental health problem; (b) the percent of interviewees who were having significant symptoms of such a problem; and (c) the percent of sector clients identified through the anonymous counts as having such problems.

In the child welfare sector, the counts (when compared to the interview data) underidentified youths with drug or alcohol abuse problems

(1% versus 17%). In contrast, the child welfare sector counts overidentified youths as having significant conduct disorder problems (46% versus 17%), but approximated the same rates as the interviews for suicidal youths (18% versus 17%) and depression (19% versus 17%). Within the juvenile justice sector, the anonymous counts identified similar percentages of mental health problems to those found in the

percentages of mental health problems to those found in the youth interviews. The education sector tally underidentified clients as having problems with drugs or alcohol (0.1% versus 5%), being suicidal (0.7% versus 8%), and being depressed (3% versus 8%), but overidentified behavior problems (14% versus 8%). For the 227 consecutive adolescent patients tallied by providers from the health care sector, none were identified as having any mental health problems.

Focus group comments

Many of the comments offered by the providers during the focus groups/interviews gave significant clues as to why their particular sector did or did not identify or serve youths who had mental health problems. The juvenile justice sector, which had the highest rates of identification of problems, also had a special diagnostic and screening unit attached to it. Although the workers participating in the focus group reported that providing mental health services was outside their scope of activities, they were aware of the necessity for mental health assessment and even commented that watching office interactions was particularly helpful to them.

The child welfare sector had the next highest rate for identification of problems. Those workers also commented that providing mental health services was outside their scope of action. Nevertheless, they felt that they should identify such problems. They pointed out that car rides with the teenagers promoted freer discussion and were thus particularly helpful in assessing the youths' mental health problems.

The educational sector had particularly low identification rates for drug and alcohol abuse and suicidality. The providers reported that it was hard for them to identify mental health problems because parents and the community often denied that the problems existed. They also identified lack of time and very heavy caseloads as barriers to identifying youth problems. They also reported that the absence of support groups for adolescents with mental health problems kept them from identifying and referring for such problems.

The health sector identified no youths as having mental health problems. Of all the sector focus groups, health care workers, when asked about the kinds of problems their adolescent clients had, did not list one behavioral or mental health problem. They also mentioned that they lacked competence in assessing and treating mental health problems, and were uninformed about available resources for referral. When they referred youths for care, they felt that the long waiting periods for mental health appointments (up to one month) was a significant barrier. The health care workers also mentioned their concern with lack of continuity care.

Conclusions

The interviews showed that significant numbers of youths at each of the four sectors had mental health problems. However, only a limited percentage of those youths with mental health problems received services from their gateway sector. This percentage varied widely by sector, with the juvenile justice, education, and child welfare sectors providing services to a much higher percentage of youths than the health sector.

The anonymous counts paralleled the interview data. The juvenile justice sector tally reported the highest number of clients with problems. The child welfare sector tally identified a somewhat lower rate as having problems, despite the interview data showing an excellent record for services. The education sector had a very large discrepancy between the youths' interview data and the providers' tally data, although many of the youths with mental health problems felt they were receiving help. The health sector had the worst service record from both interview data and providers' tally data.

This study focuses attention on several important issues for service delivery. Many of the adolescents report that their gateway providers (e.g., school counselors, physicians, child welfare workers, or deputy juvenile officers) neither provided services nor informed them that care might be available. Further, many of the providers' records indicate unawareness of the extent of need. This would indicate that the gateway providers' perception of need (although often inaccurate) may determine the youth's pathway to services more than actual need and service availability. We must therefore educate gateway providers in diagnostic and assessment procedures, known incidences for mental health problems, service skills, service availability, and referral procedures.

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Funded by NIMH Grant #5R24MH50857

Liberton, C., Kutash, K., & Friedman, R. M. (Eds.), (1997). The 9th Annual Research Conference Proceedings, A System of Care for Children's Mental Health: Expanding the Research Base (February 26 - 28, 1996). Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, Research & Training Center for Children's Mental Health.